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APPLICANTS

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** CONTINUING DATA ***** *None (us)*

** FOREIGN APPLICATIONS ***** *None (us)*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 1	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
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Verified and Acknowledged _____
 Examiner's Signature _____ Initials _____

ADDRESS
 026096
 CARLSON, GASKEY & OLDS, P.C.
 400 WEST MAPLE ROAD
 SUITE 350
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 48009

TITLE
 Monitoring refrigerant charge

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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